The City of New York
Office of Labor Relations
Health Benefits Program

Instructions for the Addition of Domestic Partners to City Health Plan Coverage

Pursuant to an agreement between the City of New York and the Municipal Labor Committee, employees and retirees covered by the City Health Benefits Program were granted the right to add their domestic partners to their City health plan coverage as of January 1, 1994. Health benefits available to domestic partners (and their dependent children) are identical to the health benefits offered to married spouses (and their dependent children).

Domestic Partnership Registration Pursuant to Mayoral Executive Order No. 48 (January 7, 1993)

'Domestic Partnership' is defined as: two people, both of whom are eighteen years of age or older, neither of whom is married or related by blood in a manner that would bar their marriage in New York State, who have a close and committed personal relationship, who live together and have been living together on a continuous basis, who have registered as domestic partners and have not terminated the domestic partnership.

Persons may register as domestic partners if they are residents of the City of New York or at least one partner is employed by the City of New York on the date of registration. In order to register, persons must execute a Domestic Partnership Affidavit and submit it to the City Clerk, who maintains a registry of domestic partnerships. The cost of registration is $36 (subject to change). The Office of the City Clerk can be reached at (212) 669-2400. No person is eligible to register as a domestic partner who at the time of registration or at any time during the prior six months was registered as a member of another domestic partnership.

Requirements for City Health Benefits Coverage

In order to cover a domestic partner on your City health benefits coverage, you must have a Domestic Partnership Registration Certificate issued by the City Clerk and complete a Health Benefits Application (if you are already registered as domestic partners through another municipality or governmental authority you may use a copy of the certificate from that authority). The procedure is outlined below:

1. Register as domestic partners with the City Clerk (or be registered through another municipality or governmental authority).

2. Obtain a Health Benefits Application Form. The form is available on the NYC Office of Labor Relations website at www.nyc.gov/olr, select "Health Benefits Program" and scroll down to select the "View and/or Print Health Benefits Application Form" pdf. Or you may request a form by writing to the Office of Labor Relations, Domestic Partner Unit, 40 Rector Street, 3rd Floor, New York, NY 10006.
3. Complete the form. Include all requested information concerning your domestic partner in the spaces on the form provided for Spouse/Domestic Partner information.

4. Send the completed form, and a copy of your domestic partnership registration certificate, to the Office of Labor Relations, Domestic Partner Unit, 40 Rector Street, 3rd Floor, New York, NY 10006.

Your application will be processed and an effective date will be assigned in accordance with the rules of the Health Benefits Program which are applied to all employees as described in the New York City Summary Program Description, available at www.nyc.gov/olr, select “Health Benefits Program” and scroll down to select the “Summary Program Description” pdf.

If any dependent children are being added to your health plan coverage at the same time that you are adding a domestic partner appropriate documentation of their eligibility must also be submitted with the application form in accordance with the rules of the Health Benefits Program which are applied to all employees as described in the New York City Summary Program Description.

**Welfare Fund Coverage**

Your domestic partner may also be eligible for benefits provided by your union or welfare fund to members’ spouses. After your domestic partner certification is approved and accepted the Office of Labor Relations will issue a letter to you. You can present that letter to your welfare fund to verify the eligibility of your domestic partner for coverage.

**IMPORTANT NOTES:**

**1) TAX CONSEQUENCES OF HEALTH BENEFITS FOR DOMESTIC PARTNERS**

You should be aware that, under IRS rulings, if your domestic partner is not a ‘dependent’, within the meaning of the Internal Revenue Code, the amount paid by an employer attributable to coverage of a domestic partner is treated as part of the participant's gross income for Federal tax purposes. Consequently, unless you have indicated and provided proof to the Health Benefits Program (e.g. a copy of a recent tax return) that your domestic partner is your dependent; the value of this benefit must be included as income in your Federal tax return for the applicable year. State and local tax treatment of the amount in question will vary among jurisdictions. You should consult the applicable laws and/or a tax professional to ascertain how the amount should be treated in your case.

**2) CONFIDENTIALITY OF HEALTH BENEFITS INFORMATION**

All records pertaining to an application by domestic partners for health benefits will be held in strict confidence in a manner consistent with the handling of health benefit records of all City employees.

You have the additional option to designate all of your domestic partner health benefits records as “Confidential”. In this case, you must conduct all health benefits activity through the Office of Labor Relations (instead of with the agency in which you work or NYCAPS Central). All of your health benefits records will then be maintained by the Office of Labor Relations (instead of with the agency in which you work or NYCAPS Central). Contact the Health Benefits Program at 40 Rector Street, 3d Floor, New York, NY 10006, Domestic Partner Unit, Telephone (212) 306-7605.
Domestic Partner Health Benefits
Frequently Asked Questions

Q. How do I enroll my domestic partner in health benefits through the City of New York?
A. For information about enrolling your domestic partner in these benefits visit the NYC Office of Labor Relations website at www.nyc.gov/olr, select Health Benefits Program on the left, scroll down and select the Domestic Partner Enrollment Information pdf. Or request an information package by writing to the NYC Office of Labor Relations, Health Benefits Program, 40 Rector Street, 3rd Floor, New York, NY 10006, Attn: Domestic Partner Unit.

Q. How do I enroll my domestic partner in my union or welfare fund benefits (e.g. vision, dental, etc)?
A. After your domestic partner certification is approved and accepted the Office of Labor Relations will issue a letter to you. You can present that letter to your welfare fund to verify that your domestic partner is eligible for coverage. For information about welfare fund benefits and about enrolling your domestic partner in these benefits you must contact your union or welfare fund directly.

Q. Can I enroll my domestic partner's child(ren) in my health benefits?
A. To enroll the child(ren) of your domestic partner they must satisfy the rules for all dependent children of employees as stated in the Summary Program Description. To see these rules visit the NYC Office of Labor Relations website at www.nyc.gov/olr, select Health Benefits Program on the left, scroll down and select the Summary Program Description pdf.

Q. Is health benefits coverage for a domestic partner taxable?
A. Yes. If a domestic partner is not a ‘dependent’ as specified in the Internal Revenue Code then, per IRS rules, the entire cost for coverage of a domestic partner must be treated as part of the employee’s gross income for Federal tax purposes. Consequently, unless you have provided proof to the Health Benefits Program (e.g. a copy of a recent tax return) that your domestic partner is a qualified dependent, the value of this benefit will be included as income in your Federal tax return. State and local tax treatment will vary. Consult the applicable laws and/or a tax professional for more detailed information.

Q. How much will the taxable amount be?
A. The amount is calculated based on several factors including how many months a domestic partner was covered by an employee during the tax year and the how much the premium was for that coverage.

Q. What happens if I marry my domestic partner?
A. If you marry your domestic partner you will not have to pay tax on the health benefits provided to your domestic partner during the entire calendar year in which you marry (note that this does not apply to same sex marriages as these do not qualify under the current Internal Revenue Code). You must notify the Health Benefits Program in writing. Send a letter which includes your Social Security Number, Employee ID Number, name of the agency in which you work and a copy of your Marriage Certificate to NYC Office of Labor Relations, Health Benefits Program, 40 Rector Street, 3rd Floor, New York, NY 10006, Attn: Domestic Partner Unit. Once you provide that information your domestic partner will continue to receive health benefits as your spouse.
Q. Can I have both a spouse and a domestic partner on my coverage?
A. No.

Q. How do I take my domestic partner off of my health benefits?
A. To remove your domestic partner from your health benefits you must complete the same type of application that you used to enroll your domestic partner (if the domestic partnership is dissolved then you are required to remove your domestic partner from your coverage). On that application there is a place to indicate that you want to "drop" your domestic partner from your coverage. To find out how to obtain an application consult your agency personnel office or visit the Office of Labor Relations website at www.nyc.gov/olr, select Health Benefits Program on the left and then scroll down to select the Domestic Partner Enrollment Information pdf. You must consult your agency personnel office to find out where to submit the completed application.

Q. How do I take my domestic partner off of my union or welfare fund benefits?
A. To terminate coverage for your domestic partner from union or welfare fund health related benefits you must contact your union or welfare fund directly.
DECLARATION OF FINANCIAL INTERDEPENDENCE

We, the undersigned domestic partners, are financially interdependent. We submit the following two items of proof evidencing our financial interdependence:

___ We have a joint bank account.

___ We have a joint credit card.

___ We are joint obligors on a loan.

___ We jointly own our residence.

___ We jointly appear as tenants on the lease for our residence.

___ We keep a common household (household expenses, e.g., utility bills, telephone bills, joint public assistance budget, etc.).

___ We jointly own a motor vehicle.

___ We have executed wills naming each other as executor and/or beneficiary.

___ We have granted each other durable powers of attorney.

___ We have conferred upon each other authority to make health care decisions (e.g., health care power of attorney).

___ At least one of us has designated the other as a beneficiary under a retirement benefits account.

___ Other item of proof as is sufficient to establish economic interdependency under the circumstances of the particular case (specify).

___ Other item of proof as is sufficient to establish economic interdependency under the circumstances of the particular case (specify).

______________________________
Print Name

______________________________
Print Name

______________________________
Signature

______________________________
Signature

Sworn to before me this day of

______________________________
NOTARY PUBLIC
Listed below are examples of items of proof that may be acceptable attachments to a Declaration of Financial Interdependence. Other items of proof may also be acceptable. You must provide an original plus a photocopy of all items of proof. The original documents will be returned to you.

JOINT BANK ACCOUNT
- Statement with both names
- Check with both names
- Passbook with both names

JOINT CREDIT CARD
- Statement with both names

JOINT OBLIGORS ON LOAN
- Note or other loan origination document with both names

JOINT OWNERSHIP OF RESIDENCE
- Deed or other sale/transfer document with both names
- Property or water tax document with both names

JOINT TENANTS ON LEASE
- Lease with both names

COMMON HOUSEHOLD EXPENSES
- Utility/telephone bill with both names
- Public assistance document with both names

JOINT VEHICLE OWNERSHIP
- Title in both names

JOINT WILLS
- Copy of will or wills, with each party naming the other as beneficiary and/or executor

POWER OF ATTORNEY
- Copy of Powers of Attorney with each party naming the other party and no limitation on the term of the documents

HEALTH CARE PROXY
- Copy of health care proxies/living wills, with each party giving the other party the power to make health care/non-resuscitation decisions upon incapacitation

LIFE INSURANCE
- Copy of policy with one party naming the other as beneficiary*

RETIREMENT BENEFITS
- Copy of beneficiary designation form with one party designating the other as beneficiary*

* Does not have to be the enrollee designating the dependent.
ATTACHMENT II

ALTERNATIVE AFFIDAVIT OF DOMESTIC PARTNERSHIP

STATE OF )
    SS.: )
COUNTY OF )

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen years of age or older and unmarried.

We are not related by blood in a manner that would bar marriage under the laws of
the state of New York.

We have a close and committed personal relationship.

We have been living together on a continuous basis prior to the date of this affidavit.

One of us is employed by or retired from an agency or institution whose employees
and retirees are covered by the New York City Health Benefits Program.

Neither of us has been registered as a member of another domestic partnership within
the last six (6) months.

_________________________________________  ______________________________________
Print Name                                                                 Print Name

_________________________________________
Signature

Sworn to before me this
day of , 199

_______________________________________
NOTARY PUBLIC
This is to certify that

and

both residing at

Were registered as domestic partners

as shown by the duly registered affidavit of domestic partnership registration of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

N.Y.

Carlos Cuevas
City Clerk of the City of New York